

CLAIMS ONLY						Application Number <b>10788714</b>	Filing Date		
						Applicant(s)			
						* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep
1	/		/			51			
2		/		/		52			
3		/		/		53			
4		/		/		54			
5		/		/		55			
6		/		/		56			
7	/		/			57			
8		/		/		58			
9		/		/		59			
10		/		/		60			
11		/		/		61			
12		/		/		62			
13	/		/			63			
14		/		/		64			
15		/		/		65			
16		/		/		66			
17		/		/		67			
18		/		/		68			
19	/		/			69			
20		/		/		70			
21		/		/		71			
22		/		/		72			
23		/		/		73			
24		/		/		74			
25		/		/		75			
26						76			
27						77			
28						78			
29						79			
30						80			
31						81			
32						82			
33						83			
34						84			
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36						86			
37						87			
38						88			
39						89			
40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
Total Indep	4		4			Total Indep			
Total Depend	01	←	01	←	←	Total Depend	←	←	←
Total Claims	05		05			Total Claims			